

|                             |                         |                             |  |                                     |
|-----------------------------|-------------------------|-----------------------------|--|-------------------------------------|
| SERIAL NUMBER<br>09/448,679 | FILING DATE<br>11/24/99 | CLASS<br><del>381</del> 348 | GROUP ART UNIT<br><del>2247</del> 2614 | ATTORNEY DOCKET NO.<br>INTL-0252-US |
|-----------------------------|-------------------------|-----------------------------|--|-------------------------------------|

APPLICANT

CHRISTOPHER J. LORD, PORTLAND, OR; KARL O. LILLEVOLD, SEATTLE, WA;  
GIM L. DEISHER, HILLSBORO, OR.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

None TT

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

None TT

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

None TT

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/27/99

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met         | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>OR | SHEETS<br>DRAWING<br>7 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and Acknowledged <u>TT</u><br>Examiner's Initials Initials |   |                           |                        |                       |                            |

ADDRESS

TIMOTHY N TROP  
PRUNER HU AND MILES PC  
8554 KATY FREEWAY STE 100  
HOUSTON TX 77024

TITLE

NOISY EDGE REMOVAL FOR VIDEO TRANSMISSION

|                                     |  |   |
|-------------------------------------|--|---|
| FILING FEE<br>RECEIVED<br><br>\$832 | FEES: Authority has been given in Paper.<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------------|--|---|